

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page _____ of _____

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

HARRY L. MARZOLF

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

445 MADRONE CT., LODI CA 95242

Related Committees Not Included In this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME

COMMITTEE TO ELECT

HARRY L. MARZOLF

NAME OF TREASURER

CAROLINE MARZOLF

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

445 MADRONE CT.

CITY STATE ZIP CODE AREA CODE/PHONE

LODI CA 95242 (209) 333-7632

I.D. NUMBER

982032

CONTROLLED COMMITTEE?

☐ YES ☐ NO

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/30/00
DATE

Executed on _____
DATE

Executed on 7/30/00
DATE

Executed on _____
DATE

By Caroline A. Marzolf
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By Harry L. Marzolf
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

HARRY L MARLOFF

Statement covers period
from JAN 1, 2000
through JUN 30, 2000

CALIFORNIA FORM 460

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I.D. NUMBER

982032

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions Schedule A, Line 3	\$ _____	\$ <u>980.⁰⁰</u>	\$ <u>980.⁰⁰</u>
2. Loans Received Schedule B, Line 7	_____	<u>1023.²⁹</u>	<u>1023.²⁹</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ _____	\$ <u>2003.²⁹</u>	\$ <u>2003.²⁹</u>
4. Nonmonetary Contributions Schedule C, Line 3	_____	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ _____	\$ <u>2003.²⁹</u>	\$ <u>2003.²⁹</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ _____	\$ <u>2003.²⁹</u>	\$ <u>2003.²⁹</u>
7. Loans Made Schedule H, Line 7	_____	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _____	\$ <u>2003.²⁹</u>	\$ <u>2003.²⁹</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	_____	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	_____	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ _____	\$ <u>2003.²⁹</u>	\$ <u>2003.²⁹</u>

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ _____
13. Cash Receipts Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash Schedule I, Line 4	_____
15. Cash Payments Column A, Line 8 above	_____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

If this is a termination statement, Line 16 must be zero.

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

17. LOAN GUARANTEES RECEIVED Schedule B, Part 1, Column (b)	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column C above	\$ _____

	1/1 through 6/30	7/1 to Date
20. Contributions Received \$	_____	<u>2003.²⁹</u>
21. Expenditures Made \$	_____	<u>2003.²⁹</u>